PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

_												7
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THA (Column 1) (Column 2) TYPE OR SMALL ENTITY OR SMALL ENTITY												
T	OTAL CLAIMS				· ·]	RATE	FEE	7	RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEI	395.00	OR	BASIC FEE	790.00	
TC	TAL CHARGE	mi	minus 20= *			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS				ininus 3 =			X44=		OR	X88=		
MULTIPLE DEPENDENT CLAIM PRESENT							+150=		OR	+300=		
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL												•
	C	LAIMS AS & (Column 1)	MENDE	OTHER THAN SMALL ENTITY OR SMALL ENTITY								
	1	T CLAIMS	7	(Colun		(Column 3)		Y	a !			4
AMEROMEN A	8-16-04	REMAINING AFTER AMENDMENT	·	NUME PREVIO PAID F	BER FUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE	
<u> </u>	Total	• 14	Minus	· 21	0	=	X\$ 9=		OR	X\$18=		
U E E	Independent	* 7	Minus	ENDENT.	CI AINA	= 4	X44=		OR	X 86=	34400	Ť
	FINST PRESE	TRIATION OF MI	OCTIPLE DE	PENUCIVI	CDUM		+150=		OR	+300=		
			•		•		TOTAL			TOTAL	3440	Pa
					-		ADDIT, FEE	L	JOR	ADDIT. FEE	27	
		(Column 1)		(Colum	in 2)	(Column 3)	•				•	
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	ŧ	Minus	f-d		=	X\$ 9≈		OR	X\$18=		
	Independent	+	fdinus	95%	0) 4/44	-	X44=		OR	X88=		
	FINST PRESE	NTATION OF MU	CHPLE DEF	ENDENT	CLAIM		+150=		OR	+300=		
						•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE		
aktok	Maria de la companya	(Column 1)	y interser biogrammaticonscion	(Colum:		(Column 3)			•			
AMENDMENT C	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL .FEE	
	Total	tr	Minus ·	φů		=	X\$ 9=		OR	X\$18=		
	Independent	ė .	Minus	- 400		=	X44=			X88=		
	FIRST PRESENTATION OF MULTIPLE DEP			PENDENT	ENDENT CLAIM		 		OR			
• h	the entry in colur	nn 1 is less than th	e entry in colu	ms 2. write "	O in col	umo 3.	+150=		OR	+300=		
		mber Previously Pa					TOTAL		OR .	TOTAL		
		nber Previously Pa					ADDIT. FEE	لــــــــــــــــــــــــــــــــــــــ	O., A	DOIT. FEEL		